



PTO/SB/01 (05-03)
Approved for use through 07/31/2006, OMB 0531-0032
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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket Number RP-00308-US3
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.15 (e)) required)		First Named Inventor KORENIAK, Norbert
		COMPLETE IF KNOWN
		Application Number 10/888,388
		Filing Date 09/24/2003
		Art Unit 3747
		Examiner Name Unknown

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

An Automatic Mechanical Decompressor for an Internal Combustion Engine

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

09/24/2003

as United States Application Number or PCT International

Application Number

10/888,388

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

(Page 1 of 2)

This collection of information is required by 35 U.S.C. 145 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is in the (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND REE or COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number 28735 OR <input type="checkbox"/> Correspondence address below			
Name			
Address			
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Country	Telephone		Fax
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p>			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>Norbert</i>		Family Name or Surname <i>KORENIAK</i>	
Inventor's Signature <i>Norbert Koreniah</i>		Date <i>2004 03 09</i>	
Residence: City <i>Stadt-Paura</i>	State	Country <i>Austria</i>	Citizenship <i>Austrian</i>
Mailing Address <i>Kapellweg 13</i>			
City <i>Stadt-Paura</i>	State	ZIP <i>A-4651</i>	Country <i>Austria</i>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) <i>Johann</i>		Family Name or Surname <i>HOLZLEITNER</i>	
Inventor's Signature <i>Johann Holzleitner</i>		Date <i>2004 03 10</i>	
Residence: City <i>Gamskirchen</i>	State	Country <i>Austria</i>	Citizenship <i>Austrian</i>
Mailing Address <i>Lukas 18</i>			
City <i>Gamskirchen</i>	State	ZIP <i>A-4623</i>	Country <i>Austria</i>
<input type="checkbox"/> Additional inventors or a legal Representative are being named on _____ supplemental sheet(s) PTO/SB/02A or 02LR are attached			

(Page 2 of 2)



PTO/SB/81 (06-03)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/664,366
Filing Date	09/24/2003
First Named Inventor	KORENJAK, Norbert
Art Unit	3747
Examiner Name	Unknown
Attorney Docket Number	RP-00306-US3

I hereby appoint:

☒ Practitioners at Customer Number

00909

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).

SIGNATURE of Applicant or Assignee of Record

Name

KORENJAK, Norbert

Signature

Norbert Korenjak

Date

2004 03 04

Telephone

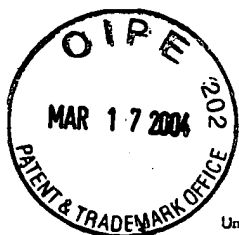
6043-7246-601-137

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ Total of 02 forms are submitted.

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/658,366
Filing Date	09/24/2003
First Named Inventor	KOMENJAK, Norbert
Art Unit	2747
Examiner Name	Unknown
Attorney Docket Number	RY-00306-US3

I hereby appoint:

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State

Zip

Country

Telephone

Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/06)

SIGNATURE of Applicant or Assignee of Record

Name

HO/ZLEITNER, Johann

Signature

Johann Leitner

Date

2004 03 10

Telephone

0043 7246 7616

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple

☒ Total of 02 forms are submitted.

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